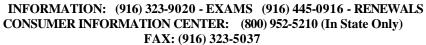


BUREAU OF BARBERING AND COSMETOLOGY P.O. BOX 944226

SACRAMENTO, CA 94244-2260





REQUEST FOR CHANGE OF ADDRESS

License/Application Number				
	(Please type or print legibly in ink)			
N C N N N N N N N N N N N N N N N N N N				
Name (First, Middle, Last)				
Date of Birth	Social Security Number		Daytime Phone Number	
			()	-
Previous Address Street		City	State	Zip Code
Current Address Street		Citv	State	Zip Code
"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and				
correct.				
I have changed my address without the intent to defraud."				
v				
Signature of Licensee			Date	

(Rev 1/2001)